CHECK ONE		PLEASE PRINT CLEARLY		OFFICE USE ONLY
Faculty	Last Name	First Name	Middle Initial	Permit No.
Staff	Local Address	City	Zip	Exchanged
Faculty Asst.	Permanent Address	City	State Zip	Lost/Stolen
Graduate Asst.	Driver's License No.	tate Local Phone	Social Security No.	ICP/Tech/LEC
Graduate	Employee's Department	Building	Phone No.	
Senior	Owner's	VEHICLE INFORMATION Owner's		
Junior	Name Name	Address		Insurance Co.
Sophomore	Make (Ford, Chev., etc.)	Year	Color	Policy #
Freshman	License Plate No.	State		Expiration:
registered. I agr	affirm that the above vehicle registee to have all unpaid traffics fines of PARKING REGULATIONS and	leducted from any Title IV Funds.		
SIGNATURE: _			DATE:	
		RECEIVEI	D HANDBOOK	

GRAMBLING STATE UNIVERSITY VEHICLE REGISTRATION